

SEC 1972 (6-02)

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1343281

	OMB APPROVAL				
OMB Number: 3235-00					
	Expires:				
	Estimated average burden				
hours per response16.6					

SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Series C Preferred Stock: Common Stock issuable upon conversion thereof	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing:	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	05070121
Britestream Networks, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
12401 Research Boulevard, Building Two, Suite 275, Austin, TX 78759	(512) 250-2129
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	, ,
Same as above	Same as above
Brief Description of Business	
Provider of hardware-based data privacy technology	
Town of Physics of Committee in the Comm	PROCESSED
Type of Business Organization corporation limited partnership, already formed other (please specify):
business trust limited partnership, to be formed	(A PNOV 0 3 2005
Month Year	V 1000 0 3 2003
,	mated THOMSON
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal:	
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	9549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for states.	cales of securities in those states that have adopted
ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal e appropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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V M

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ■ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Austin Ventures VII, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 300 West Sixth Street, Suite 2300, Austin, TX 78701 Executive Officer Check Box(es) that Apply: Promoter ✓ Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Convergent Investors VI, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 111 Congress Avenue, Suite 3000, Austin, TX 78701 Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Granite Ventures, L.P. and TI Ventures III, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Granite Ventures, One Bush Street, Thirteenth Floor, San Francisco, CA 94104 Check Box(es) that Apply: Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Salas, Michael Business or Residence Address (Number and Street, City, State, Zip Code) c/o Britestream Networks, Inc., 12401 Research Boulevard, Building Two, Suite 275, Austin, TX 78759 Check Box(es) that Apply: Promoter ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) SD-Layer N Partners, L.P. and SD-Layer N Partners II, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 3008 Taylor Street, Dallas, TX 75226 Check Box(es) that Apply: ☐ Beneficial Owner Executive Officer Promoter ✓ Director General and/or Managing Partner Full Name (Last name first, if individual) Weinschenk, Robert Business or Residence Address (Number and Street, City, State, Zip Code) c/o Britestream Networks, Inc., 12401 Research Boulevard, Building Two, Suite 275, Austin, TX 78759 Check Box(es) that Apply: Promoter Beneficial Owner Z Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Castagnoli, Charisse Business or Residence Address (Number and Street, City, State, Zip Code) c/o Britestream Networks, Inc., 12401 Research Boulevard, Building Two, Suite 275, Austin, TX 78759

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and ma	anaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, Daugherty, Gordon	if individual)				
Business or Residence Addre c/o Britestream Networks,	· ·	d Street, City, State, Zip on the Boulevard, Building	·	X 78759	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, Mansour, Nadia	if individual)	The second secon	in the second se		
Business or Residence Addre c/o Britestream Networks,	* 15	d Street, City, State, Zip arch Boulevard, Building		X 78759	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, McAuliffe, Keith	if individual)				
Business or Residence Addre c/o Britestream Networks,	•	d Street, City, State, Zip arch Boulevard, Building	,	X 78759	
Check Box(es) that Apply:	Promoter	Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, Mitchell, Oscar R.	if individual)				
Business or Residence Addre c/o Britestream Networks,		Nieto Lie Zalienia (Nieto		X 78759	
Check Box(es) that Apply:	Promoter	Beneficial Owner	⊠ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, Perry, Scott	if individual)		****		
Business or Residence Addre c/o Britestream Networks,	•	d Street, City, State, Zip arch Boulevard, Building	•	X 78759	, 113 - 113
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, Clardy, James	if individual)				
Business or Residence Addre /o Britestream Networks, I	The second second	*		₹ 7875 9	
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	⊠ Director	General and/or Managing Partner
Full Name (Last name first, Shamapant, Venu	if individual)				
Business or Residence Addre Austin Ventures, 300 West		nd Street, City, State, Zip ite 2300, Austin, TX 787	•		

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Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Zimits, Eric Business or Residence Address (Number and Street, City, State, Zip Code) Granite Ventures, One Bush Street, Thirteenth Floor, San Francisco, CA 94104 Check Box(es) that Apply: Beneficial Owner Executive Officer ☐ Director ☐ General and/or Promoter Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Promoter ☐ Beneficial Owner Check Box(es) that Apply: Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Promoter Beneficial Owner Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

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	, M				B. In	NFORMATI	ON ABOU	T OFFERI	NG	eseks kie i s	iaki sakistilik		
1 17-	- 41 :	1	1									Yes	No
1. Has	s the i	ssuer sold	l, or does th			Appendix,				-			X
2. Wh	nat is t	he minim	um investm					-				§ 0.32	2
				• • • • • • • • • • • • • • • • • • • •	55 4555	p. 1. 0	,		••••••		••••••	Yes	No
3. Do	es the	offering p	permit joint	ownershi	p of a sing	le unit?		•••••				X	
con If a or s	nmiss perso states,	ion or sim on to be lis list the na	ion request ilar remuner ted is an ass ime of the bi you may so	ation for s ociated pe roker or de	olicitation rson or age aler. If mo	of purchase nt of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in th EC and/or	he offering. with a state		
Full National	,	ast name	first, if indi	vidual)									
		lesidence	Address (N	umber and	l Street. Ci	tv. State. Z	in Code)						
						.,,, _	p						
Name o	f Ass	ociated Br	oker or Dea	ıler									
States in	n Whi	ch Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Cl	heck "	All States	" or check	individual	States)		***************************************	···········		•••••••			l States
AI		AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
II M		IN NE SC	IA NV SD	KS NH TN	KY NJ TX	LA NM UT	ME NY VT	MD NC VA	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA PR
Full Na Inappli			first, if indi	vidual)			4.10						
			Address (N	Jumber an	d Street, C	ity, State,	Zip Code)						1",
Name o	f Ass	ociated Br	oker or Dea	aler	-								
States in	n Whi	ch Percon	Listed Has	Solicited	or Intende	to Solicit	Durchasars						
			or check									□ AI	l States
A)		AK IN	AZ IA	[AR]	CA KY	LA	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	MO
M	_	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
R	I	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Na Inapplic		ast name	first, if indi	vidual)				· · · · · · · · · · · · · · · · · · ·					
Busines	s or	Residence	Address (N	Number an	d Street, C	City, State,	Zip Code)		¥				
Name o	of Ass	ociated Br	roker or De	aler									
States i	n Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
			s" or check									☐ AI	1 States
[A]		AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
II M R	T	IN NE SC	IA NV SD	KS NH TN	KY NJ TX	LA NM UT	ME NY VT	MD NC VA	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	\$
	Equity		
	☐ Common 🕡 Preferred		
	Convertible Securities (including warrants)	5	\$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		· · · · · · · · · · · · · · · · · · ·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	29	\$_5,472,897.06
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	Z	\$_35,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$_35,000.00

	C. OFFERING PRICE,	, NUMBER OF INVESTORS, EXPENSES	AND USE OF PROCEEDS	
	b. Enter the difference between the aggregat and total expenses furnished in response to Par proceeds to the issuer."		"adjusted gross	\$16,825,354.98
5.	Indicate below the amount of the adjusted greach of the purposes shown. If the amount check the box to the left of the estimate. The proceeds to the issuer set forth in response	for any purpose is not known, furnish at total of the payments listed must equal the	n estimate and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$	\$
	Purchase of real estate		\$	\$
	Purchase, rental or leasing and installation and equipment	of machinery	\$	_
	Construction or leasing of plant buildings a	nd facilities	\$	\$
	Acquisition of other businesses (including t offering that may be used in exchange for the issuer pursuant to a merger)	he assets or securities of another		□ \$
	Repayment of indebtedness			_
	Working capital			
	Other (specify):		 -	-
			 \$	\$
	Column Totals		\$ <u>0.00</u>	_ 📝 \$ 16,825,354.98
Total Payments Listed (column totals added)			6,825,354.98	
		D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed nature constitutes an undertaking by the issuer information furnished by the issuer to any no	r to furnish to the U.S. Securities and Exc	hange Commission, upon writt	
SS	uer (Print or Type)	Signature	Date	
Br	itestream Networks, Inc.	19ht Wei	October 26 , 20	005
۱a	me of Signer (Print or Type)	Title of Signer (Print or Type)		
R	obert Weinschenk	President and Chief Executive (Officer	

- ATTENTION --

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)